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09/26/2005

LERNER, DAVID, et al.
SPINE MP
600 SOUTH AVENUE WEST
WESTFIELD, NJ 07090

12/01/2005 SFELEKE2 00000123 121095 10776651

01 FC:1501 1400.00 DA
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| (Depositor's name) |
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|------------------------|------------------|
| 10776,651 | 02/11/2004 | Rafal Zabok | 532/2X5(T-280 CONT IV) | 3384 |

TITLE OF INVENTION: CERVICAL DISC REPLACEMENT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|------------------|---|----------------|-----------------|------------------|------------|
| nonprovisional | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 5700 1400 | \$300 | 5400 1700 | 12/27/2005 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| MILLER, CHERYL L | 3738 | 623-017110 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

LERNER, DAVID, LITTENBERG,

2 KRUMHOLZ & MENTLIK, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SpineCore, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Summit, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Arnold H. Krumholz

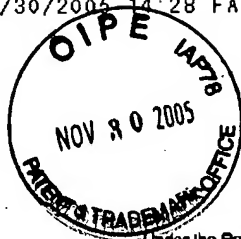
Date 11/30/05

Typed or printed name

Registration No. 25,428

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FACSIMILE TRANSMISSION

ISSUE FEE TRANSMITTAL,
PUBLICATION FEE AND
COPY OF LOSS OF SMALL ENTITY STATUS FILED DECEMBER 20, 2004

ATTORNEY DOCKET NO.: SPINE 3.0-455 CONT IV

APPLICATION NO.: 10/776,651

CONFIRMATION NO.: 3384

MAILING DATE OF NOTICE OF ALLOWANCE: September 26, 2005

FAX NUMBER: (571) 273-2885

PAGES INCLUDING COVER SHEET: 3

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